

MILWAUKEE COUNTY BOARD OF SUPERVISORS INTERNSHIP PROGRAM APPLICATION

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

PERSONAL INFORMATION			
Name			
	(LAST)	(M)	(FIRST)
Address			
			(STREET)
		(STATE)	(ZIP CODE)
Cell Phone			
CELL FHONE			
University Email			_
Date of Birth			
			
FOREIGN LANGUAGE PROF	ICIENCY (II	F ANY)	
SESSION INFORMATION 1. INTERNSHIP SESSION SPRING (JAN-MAN SUMMER (JUNE-A FALL (SEPT-DEC	(2018)_ .ug 2018)	PLICABLE)
2. AREA OF INTEREST (F A. <i>JUDICIAL, PUE</i> B. <i>HEALTH AND I</i> C. <i>ECONOMIC DE</i> D. <i>FINANCE AND</i> E. <i>PARKS AND R</i> .	BLIC SAFET HUMAN NI EVELOPME BUDGET_	TY, COURTS EEDS ENT	AND CORRECTIONS_

3. AVAILABILITY PER WEEK (CROSS OUT THE TIMES YOU CAN WORK)

	Monday	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 a.m.					
9:00 a.m.					
10:00 a.m.					
11:00 A.M.					
12:00 P.M.					
1:00 P.M.					
2:00 P.M.					
3:00 P.M.					
4:00 P.M.					
5:00 p.m.					

PLEASE NOTE THAT THE MINIMUM HOURS WORKED MUST TOTAL 10 HOURS PER WEEK

ACADEMIC INFORMATION

UNIVERSITY NAME		
ACADEMIC STATUS DURING PROGRAM (PI FR SOPH JR SR		
EXPECTED DATE OF GRADUATION		
WILL YOU RECEIVE ACADEMIC CREDIT FO	R THIS INTERNSHIP?	
Major and Minor	(MA IOR)	(MINOR)

APPLICATION DEADLINE: JULY 1, 2017 FOR THE FALL 2017 TERM

ADDITIONAL ITEMS REQUIRED FOR SUBMISSION

- 1. RESUME
 - EDUCATIONAL BACKGROUND AND GPA
 - RELEVANT WORK EXPERIENCE AND EXTRACURRICULAR ACTIVITIES
 - ADDITIONAL SKILLS, HONORS, OR AWARDS.
- 2. INCLUDE A ONE PAGE, TYPED STATEMENT REGARDING YOUR INTERESTS IN AN INTERNSHIP FOR THE LEGISLATIVE BRANCH OF MILWAUKEE COUNTY WITH THE BOARD OF SUPERVISORS AND WHAT YOU WOULD LIKE TO LEARN FROM THIS EXPERIENCE.

PLEASE SUBMIT YOUR COMPLETED APPLICATION VIA **EMAIL** TO INTERN COORDINATOR CLAIRE WEBER@MILWAUKEECOUNTYWI.GOV